

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-976)**

SERIAL NO. **10/511924**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	OER	IND.	OER	IND.	OER
1						
2						
3						
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41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50						
TOTAL IND.		↓	9	↓		
TOTAL OER	←	TX	←	↓		
TOTAL CLAIMS	20					

*	IND.	OER	IND.	OER	IND.	OER
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54						
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99						
100						
TOTAL IND.		↓				
TOTAL OER	←	↓				
TOTAL CLAIMS	20					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS